244470

## RECEIVED

(Caption of Case)  Example: Application for a Class C Charter Certificate and Class C Taxi from Charleston Black Cab Company dba Charleston Black Cab Co	PUBLIC SERVICE COMMISSION
(Please type or print) Sam Mustafa  Address: 209 Meeting Street  Charleston, SC 29401	Telephone:  - Fax: 888-213-8110  Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.  NATURE OF ACTION	Commission of South Carolina for the purpose of docketing and must
<ul> <li>□ Application - Class A/A Restricted</li> <li>☑ Application - Class C Taxi</li> <li>☑ Application - Class C Charter</li> <li>□ Application - Class C Charter Bus</li> <li>□ Application - Class C Non-Emergency</li> <li>□ Application - Class C Stretcher Van</li> <li>□ Application - Class E Household Goods</li> <li>□ Application - Class E Hazardous Waste</li> <li>□ Application</li> <li>□ Request for Extension to Comply with Order</li> </ul>	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

### APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 5/14/2013
С	LASS C - CHARTER
	oplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.
	Charleston Black Cab Company dba Charleston Black Cab Co
	209 Meeting Street, Charleston SC 29401
•	Street Address of Applicant
	Mailing Address of Applicant (if different from street address)
	888-213-8110
•	Phone Fax
	Christina@charlestonhospitalitygroup.com
	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)  Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	Sam Mustafa - 30 Society Street, Charleston, SC 29401
	Christian Trang 106 The ones Ave, Good Creek SC 24445
	,
٠:	1 of 9

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

Balance	at Time Applic	ation is	Filed:
Month	May	Year	2013

Assets:

5000,00
P1 P1 C 0 C
51716.06
56716.06
51716.06
51716.06
5000.00
56716.06

<sup>\*</sup> Total Assets = Total Liabilities and Equity

# PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Maximum Hourly Rate: \$175.00

Requested Scope	of Authority: Check	all counties in which	And are reduced the	4 12 C +
You will only be	allowed to operate in all	those counties check	ked below. You may	request "Statewide"
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seathelts in the vehicle, including the driver's seatbelt.)

X	1-7 Passengers, including driver
	8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
		WOONGTBESA	4349921 4740
• • • • • • • • • • • • • • • • • • • •			
	_		

#### INSURANCE QUOTE

This form MUST BR COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing cutrent insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance-quote:	is for:		
Charleston Black Cab Co.	mpany		
	Name of	Applicant	
P.O. Box 503, Charlesto	1, SC 29402		
	Address of	Applican	at
Amount of Premium:		Limits	Onoted: (See Below)
Liability Insurance \$ 1.797	;0.0	Limits	\$1,000,000 combined single limit
The above quoted premium is f	or a term of 12	months.	
Minimum Limits - Intrastate	Only:		
1-7 Passengers*	\$ 25,000/50,000/25,000	*	Passengers = Number of seatbelts in the vehicle
8-15 Passengers*	\$ 25,000/100,000/25,00	0	including the driver's seathelt
Allmerica Financial Be	nclit (The Hanover Insurar		
	Name of Insura	mee Com	pany
P.O. Box 15083, Word	hester, MA 01615-0083 Home Office Add	resport Co	Vmngny
I am familiar with the Commissi meets the minimum insurance lis South Carolina Department of In	on's Rules and Regulation nits prescribed. The insur	s relating ance com	to insurance requirements and the above quote pany making this quote is authorized by the
6/5/2013			The second secon
Date	Authorized In	surnice (	Company Representative's Signature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-insurance Division at (803) 737-5712 or on the web at www.wcc.statc.sc.us/self-insurance.

5 of S

### Exhibit Fit, Willing, and Able (FWA)

		Sam Mustafa
-		Name of Applicant
	A 45 a	outstanding judgments against the Applicant?
1.	Yes	No
	If Yes, indicate nature	of judgement(s) against applicant.
		·
2.	carrier operations in So	ith all statutes and regulations, including safety regulations and governing for-hire motor outh South Carolina, and does Applicant agree to operate in compliance with these
	statutes and regulations  • Yes	O No
	G 103	
•	)	he Commission's insurance requirements and the insurance premium costs associated
3.	therewith?	tie Commissions institution requirements and the mountains promise commission of the
	<ul><li>Yes</li></ul>	○ No

### Exhibit on Driver Qualifications

Applica	nt understands that a	ll dr	ivers must be a minimum of 18 years of age.
<b>⊙</b> 7	(es	0	No
and suc	h record from the DI	ay a	tified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
<b>③</b> Y	čes	0	No
Applica must be	ent understands that s maintained in the A	ı crir ppli	ninal history background check from the state where the driver currently lives cant's business office.
<b>⊙</b> `	Yes	0	No
their po	ssession when opera	ling	ivers operating a vehicle under a Class C Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
<b>③</b> `	Yes	0	No
vehicle State L	s to drivers who are aw Enforcement Div	regis	lass C Certificate holders are prohibited from employing or leasing stered, or required to be registered, as sex offenders with the South Carolina to or any national registry of sex offenders.  No
	Application of the Application o	Applicant understands that a and such record from the Dibe maintained in the Applicate.  Yes  Applicant understands that a must be maintained in the A  Yes  Applicant understands that a their possession when opera state of residence of the drive.  Yes  Applicant understands that a their possession when opera state of residence of the drive.	Applicant understands that a cert and such record from the DMV obe maintained in the Applicant's  Yes  Applicant understands that a crimust be maintained in the Applicant understands that all distheir possession when operating state of residence of the driver.  Yes  Applicant understands that all distheir possession when operating state of residence of the driver.  Applicant understands that all C vehicles to drivers who are regis State Law Enforcement Division

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

SAM MUSTAFA OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Charles ha

SWORN TO BEFORE ME

This 5 day of June

20 (3

Notary Public

Commission lixpires

7/21/15



# The State of South Carolina



RECEIVED

JUN -5 2013

TRANS DEPT

Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON BLACK CAB COMPANY,

a corporation duly organized under the laws of the State of South Carolina on August 10th, 2012, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 10th day of August, 2012.

Mark Hammond, Secretary of State

Note: This certificate does not contain any representation constraing fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has fied the ennual reports with the Tax Commission. If it is imported to know whether the Corporation has fied the ennual reports with the Tax Commission. If it is imported to know whether the Corporation has fied the ennual reports a certificate of compliance must be obtained from the Tax Commission.

CERTIFIED TO BE A TRUE AND CONFIRST CO AS TAKEN FROM AND COMPARED WITH TH PROMAL ON FILE IN THIS OFFICE

AUG 10 2012

### STATE OF SOUTH CAROLINA SECRETARY OF STATE

### ARTICLES OF INCORPORATION FOR A STATUTORY CLOSE CORPORATION

- The name of the proposed corporation is Charleston Black Cab Company.
- This corporation is a Statutory Close Corporation, formed pursuant to 2. Chapter 18, Title 33 of the 1976 South Carolina Code, as amended.
- The initial registered office of the corporation is In Charleston County at 286 3. Meeting Street, 1st Floor, Charleston, South Carolina 29401 and the initial registered agent at such address is David W. Wolf.

I hereby consent to the appointment as registered agent of the corporation.

- The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
  - (a) [X] The corporation is authorized to issue a single class of shares, the total number of shares authorized is 10,000 common shares.
  - (b) [ ] The corporation is authorized to issue more that one class of shares:

Class of Shares	Authorized No. of Each Class

If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended).

> 120810-0152 CHARLESTON BLACK CAB COMPANY South Carolina Secretary of State

Mark Hammond

### Charleston Black Cab Company Name of Corporation

6. Unless specified otherwise below, the transfer of shares of stock of the corporation shall be subject to the restrictions set out in Sections 33-18-110 through 33-18-130 of the 1976 South Carolina Code of Laws, as amended.

Specify any variations in the statutory format in Sections 33-18-110 through 33-18-130.

The restrictions set out in Sections 33-18-110 through 33-18-130 shall not apply. See Article 9(e) and Article 9(h) below.

7. Unless otherwise specified below the corporation shall have a Board of Directors (See Sections 33-18-210 of the 1976 South Carolina Code of Laws, as amended).

[X] This corporation elects not to have a Board of Directors.

- 8. Check, if applicable.
  - [ ] This corporation elects to have the provisions of Sections 33-18-140 through 33-18-170 of the 1976 South Carolina Code of Laws, as amended, which give the estate of a deceased shareholder the right to compel the corporation to purchase the deceased shareholder's shares, apply. Specify any variations in the statutory format in Sections 33-18-140 through 33-18-170.
- 9. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 33-18-330, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended) are as follows:

Article 9(a) Shareholders Voting Rights When Corporation Operates Without a Board of Directors

At any time this corporation is operating without a Board of Directors (as authorized by Section 33-18-210(a) of the 1976 South Carolina Code of Laws, as amended, or any succeeding statute of like tenor and effect), all of the corporation powers shall be exercised by or under authority of, and the business and affairs of the corporation managed under the direction of the Shareholders. Any and all actions which may, or are required to be taken by either vote of the Board of Directors, vote of the Board of Directors and Shareholders, including without limitation, the election of officers and the determination of the duties of officers, shall be authorized by the vote of the holders of fifty-one percent (51%) of the outstanding shares entitled to vote.

### Article 9(b) Preemptive Rights

Shareholders shall have preemptive rights with respect to all shares issued by the corporation.

### Article 9(c) Articles of Amendment

Amendment of these Articles of Incorporation shall require the vote of the holders of fifty-one percent (51%) of the issued and outstanding shares entitled to vote.

### Article 9(d) Quorum and Voting

The attendance of holders of fifty-one percent (51%) of the Issued and outstanding shares entitled to vote at any meeting shall constitute a quorum at a meeting of the Shareholders for the transaction of any business. Any person designated by the Shareholder may act as a proxy for an absent Shareholder. If a quorum is present, the affirmative vote by the holders of fifty-one percent (51%) of the issued and outstanding shares entitled to vote at the meeting shall be the act of the Shareholders.

### Article 9(e) Buy-Sell Agreement

The sale, encumbrance, or other disposition of the shares issued by this corporation may be subject to the terms and conditions of a buy-sell agreement, by and among the shareholders and this corporation, with a copy of such agreement, if one exists, being filed in the office of the corporation and to be furnished without charge to any Shareholder subject to the agreement upon written request.

### Article 9(f) Issuance of Additional Shares

No additional shares of the corporation shall be authorized or issued without the prior written consent of the holders of fifty-one percent (51%) of the issued and outstanding shares entitled to vote.

### Article 9(a) S Corporation Protection Provision

At any time after the corporation has filed an S corporation election (and prior to the corporation having filed a voluntary revocation of the election pursuant to Section 1362(d)(1) of the internal Revenue Code of 1986, as amended, or any succeeding statute of like tenor and effect), the corporation shall not (1) authorize any securities which will cause the corporation to have classes that vary other than by voting rights, nor (2) borrow money from any shareholder under terms that would cause such borrowing to be treated as an additional security or class of stock. Any such attempted borrowing or authorization of a different class of stock which

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violate the provisions of the first sentence of this Article shall be void ab initio and shall not be deemed to be a security or obligation of this corporation. This Article may not be amended, modified or deleted without the prior approval of all of the voting shares of the corporation.

### Article 9(h) Restriction on Transfer to Prevent Loss of S Corporations Status

The following restriction on the transfer of shares shall be in effect at any time after the corporation has filed an S corporation election (and prior to the corporation having filed a voluntary revocation of the election pursuant to Section 1362(d)(1) of the Internal Revenue Code of 1986, as amended, or any succeeding statute of like tenor and effect): No shares of the corporation shall be transferred either directly or indirectly, voluntarily or involuntarily, without the prior written determination of the Shareholders, or by an attorney appointed by the Shareholders to give such an opinion, that the proposed transfer will not cause the S corporation election to be terminated.

### Article 9(I) Indemnification

The corporation shall indemnify and advance expenses to its officers. employees and agents to the full extent permitted by the South Carolina Business Corporation Act of 1988, as amended.

10. The name, address and signature of each incorporator is as follows:

Name

David W. Wolf

286 Meeting Street Charleston, SC 29401

11. I, David W. Wolf, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose Articles of Incorporation this certificate is attached, has complied with the requirements of Chapter 2. Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the Articles of Incorporation.

Date: August 8, 2012

David W. Wolf. Esa

Wolf & Wolf, LLC

286 Meeting Street

Charleston, South Carolina 29401

#### **FILING INSTRUCTIONS**

- 1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
- 2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- 3. Enclose the fee of \$135.00 payable to the Secretary of State.
- 4. THIS FORM MUST BE ACCOMPANIED BY THE ANNUAL REPORT (SEE SECTION 12-19-20 OF THE 1976 SOUTH CAROLINA CODE OF LAWS, AS AMENDED)

Return to:

Secretary of State P.O. Box 11350 Columbia, SC 29211

#### SPECIAL NOTE

ALL SHARE CERTIFICATES ISSUED BY A STATUTORY CLOSE CORPORATION MUST CONTAIN THE FOLLOWING CONSPICUOUS NOTICE: THE RIGHTS OF SHAREHOLDERS IN A STATUTORY CLOSE CORPORATION MAY DIFFER MATERIALLY FROM THE RIGHTS OF SHAREHOLDERS IN OTHER CORPORATIONS. COPIES OF THE ARTICLES OF INCORPORATION AND BYLAWS, SHAREHOLDERS' AGREEMENTS AND OTHER DOCUMENTS, ANY OF WHICH MAY RESTRICT TRANSFERS AND AFFECT VOTING AND OTHER RIGHTS, MAY BE OBTAINED BY A SHAREHOLDER ON WRITTEN REQUEST TO THE CORPORATION.

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE, USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

DOM-ART OF INCORP FOR A STATUTORY CLOSE CORP.dog

Form Revised by South Carolina Secretary of State, January 2000 1350



### STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

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INITIAL ANNUAL REPORT OF CORPORATIONS

(Rov. 9/7/10) 3134

Date "Application for Charter" filed with Secretary of State Date of "Request for authority to do business in this state" (Foreign Corp.)  EIN 70 ha spplied for Business Code  (Once Use Only)  EIN 70 ha spplied for Business Code  EIC Check if subchapter 9 election  (Once Use Only)  Telephone #  Charleston Black cab Company  Physical Andress of HeadoutArtiers (Number And STREET)  NAME OF CORPORATION  Charleston Black cab Company  Physical Andress of HeadoutArtiers (Number And STREET)  NAME OF CORPORATION  Charleston Black cab Company  Physical Andress of HeadoutArtiers (Number And STREET)  OITY AND STREET  219 Neeting Street, 2nd Picor  City And STREE  219 Neeting Street, 3nd Picor  Charleston, 3C 29401  Nature of Principal Dissiness in SC 2941 Lineusiane Company  Incession of principal Dissiness in SC 2941 Lineusiane Company  In Company  In Company  In Company  In Company  Charleston, 3C 29401  Charleston, 3C 2	L NO MOTOR		ENDING PERIO	Month Year	SID Number	
FEIN TO be applied for Business Code  [Consults State   Consults	Data "Application for C	Shambardt Olivetic O			Macrelory of State	Hen Ook
Business Code (Omce Use Daily)  El Check If subchapter 8 election  NAME OF CORPORATION  Charleston Black Cab Company  Physical ADDRESS OF HEADQUARTERS (Number And SYRSET)  MAILING ADDRESS FOR TAX CORRESPONDENCE  29 Neeting Street. 2nd Ploor  Charleston, BC 29401  Charleston, BC 29401  State of Incorporation: South Carolina 2. Indicate ments corporation, BC 29401  Nature of principal business in SC: Taxt / Literus in Company  Location of principal business in SC: Taxt / Literus in Company  Location of principal business in SC: Taxt / Literus in Company  Location of principal office of the corporation in the state of SC is in the city of Charleston.  Registered agant at such address is 2avtid. If. No.15  Location of principal office in SC (street, dit), 25 and county): 256 Neeting Efrect. 1st P1. Char. 8C 29401 Char.  Location of principal office in SC (street, dit), 25 and county): 256 Neeting Efrect.  Location of principal office in SC (street, dit), 25 and county): 256 Neeting Efrect.  Location of principal office in SC (street, dit), 25 and county): 256 Neeting Efrect.  Location of principal office in SC (street, dit), 25 and county): 256 Neeting Efrect.  If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasure) qualified to practice the professional services engaged in by the opporation, 17 and 18 an	Date of "Bodiest for o	Manter" filed with Sec	retary of State	uguat 2/413 .	OK.	Old Oldy
ECHeck if subchapter 9 election  NAME OF CORPORATION  Charleston Black Cab Company  Physical Abdress of HEADQUARTERS (Number AND SYREY) 209 Resting Street, 2nd Picor 209 Resting Street, 2nd Picor 209 Resting Btreet, 2nd Picor 200 Resting Btreet,	EEN we pe	mineral to do onside	ss in this state" (Fo	reign Corp.)'		
AMME OF CORPORATION  Charleston Black Cab Company  (866) 959-6690  Physical ADDRESS OF HEADQUARTERS (NUMBER AND STREET)  (ASA) MALLING ADDRESS FOR TAX CORRESPONDENCE  209 Meeting Street, 2nd Ploor  219 COUNTY  CITY AND STATE  219 COUNTY  CITY AND STATE  219 COUNTY  CITY AND STATE  Charleston, 8C 39401  Char				Business Code		
Charleston Black Cab Company  (866) 969-6699  PHYSICAL ADDRESS OF HEADQUARTERS (NAMER AND STREET)  APPLYSICAL ADDRESS OF HEADQUARTERS (NAMER AND STREET)  PHYSICAL ADDRESS OF HEADQUARTERS (NAMER AND STREET)  APPLYSICAL ADDRESS FOR TAX CORRESPONDENCE  209 Neeting Street, 2nd Floor  Charleston, 8C 29401  Neiture of principal biseliness in 50. Taxt. / Introduction Charleston, 8C 29401  I State of Incorporation address is David. N. No.15  I Neiture of principal biseliness in 50. Taxt. / Introduction Company  Location of registered office of the corporation in the state of 30 is in the city of Charleston  Registered agent at such address is David. N. No.15  Location of principal files in 50 (street, dix, 2) and county): 286 Neeting Street, 1st. Fil. Char. 8C 29401 Charleston of principal files in 50 (street, dix, 2) and county): 286 Neeting Street, 1st. Fil. Char. 8C 29401 Charleston of principal office in 50 (street, dix, 2) and county): 286 Neeting Street, 1st. Fil. Char. 8C 29401 Charleston of principal office in 50 (street, dix, 2) and county): 286 Neeting Street, 1st. Fil. Char. 8C 29401 Charleston of principal office in 50 (street, dix, 2) and county): 286 Neeting Street, 1st. Fil. Charleston, 2012  If a professional corporation, are all elementary on the directors (or individuals functioning as directors) and grincipal officers in the corporation? 10 Ampartitie  David Wolf - Incorporator  Street Street  David Wolf - Incorporator  The total number of sured and outstanding chares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Series  Fee dus with this report  Interest due  Total - Due  Address and office of incorporator or principal officer of the corporation for which this return is made, declare that the return in particular in	☑ Check if subchapte	er S election		•	(Office U	as Only)
Charleston Black Cab Company  Physicial ADDRESS OF HEADQUARTERS (NAMER AND STREET)  MAILING ADDRESS FOR TAX CORRESPONDENCE  299 Neeting Street, 2nd Floor  179 AND STATE  219 COUNTY  Charleston, 8C  29401 Charleston  Charleston, 8C  29401 Charleston  Charleston, 8C  29401  Nature of principal business in 8D: Taxid, / Limouslane Company  Location of registered office of the corporation in the state of 80 is in the city of Charleston  Registered agent at such address is David B. No.12  Location of registered office in 80 (street, city, 2p and county): 286 Neeting Street, 1st F1., Char. 8C 29401 Charleston  Date business commenced in 8C: August 2012  Effective Date of incorporation: August 2012  Bit professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation are:  Business Address and Office  David Wolf - Incorporator  The total number of authorized shares of capital stock itemized by class and series, if any, within each class is follows:  Number of Shares  Class  Class  Class  Class  Series  Class  Series  Series  Penalty due  1. 25 00  Approach of the return is made, declare that the return including operations for payment and mailing.  Approach of the series of the corporation for which this return is made, declare that the return including operations for payment and mailing.  Approach of the series and schedules, has been examined by me and is to the laps to my including and belief a true and pate return made in good failt.  Approach of the series of the corporation for which this return is made, declare that the return including impanying stetements and schedules, has been examined by me and is to the laps to my including a true and pate return made in good failt.  Approach of the corporation of the corporation for which this return is made, declare that the return including impanying stetements and schedules. Assisted t					Telephone #	
ANALYS ADDRESS OF READCUARTERS (NUMBER AND STREET)  AND STATE CIP COUNTY  AND STATE 2P  Charleston, SC  29401. Charleston  City AND STATE  Charleston, SC  29401. Charleston  Nature of principal business in 80: Taxi / Limousine Company  Location of registered office of the corporation in the state of 8C is in the city of Charleston  Registered agent at such address is David N. Wolf  Location of principal business in 80: Taxi / Limousine Company  Location of principal files in 8C Served, oly, zip and county): 296 Neeting Street, late FI. Char. SC 29401 Char.  Date business commenced in 8C: Rugust 2012  If a professional corporation, are all shereholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the opporation? M/A  The names and business addresses of the directors (or individuals functioning as directors) and grincipal officers comporation are:  Name/Title  David Wolf - Indoxporatox  Series  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Series  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Series  Fee due with this report  Interest due  AFFIDAVIT  Particular Parament and mailing.  AFFIDAVIT  Particular Parament and mailing.  AFFIDAVIT  Particular Parament and mailing.  AFFIDAVIT  Particular Parament and register of the corporation for which this return is made, declare that this return, including manying absences and schedules, has been examined by me and is to the best of my knowledge and besief a true and particular paraments and schedules, has been examined by me and is to the best of my knowledge and position and paraments and schedules, has been examined by me and is to the best of my knowledge and position and paraments and schedules, has been exami	Charleston Black	Cab Company		•		(K) 959_559n
The reme and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  The country Charleston, BC 29401  Effective Date of Incorporation, BC 29401  Effective Date of Incorporation, BC 29401  The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Business Address and Office  David Wolf - Incorporator  286 Mesting Streat, Lat Ft. Charleston, BC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Series  Series  Fee dies with this report  Intérest due  Penalty due  AFFIDAVIT  Pundsrigned incorporator or principal officer of the corporation for which this return is made, declare that the return, including empartying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and pate return made in good failty  ANGLES, S. 2012  English Charleston  ANGLES, S. 2012  English Charleston  Charleston  Charleston  Charleston  Charleston  Charleston  Charleston  Charlest	Physical address o	F HEADQUARTERS (N	NAMBER AND STREET)	MAILING ADDRESS FO	R TAX CORRESP	ONDENCE
COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY CONTROL SET 1 29401  State of Incorporation: South Carolina 2. Indicate month corporation closes its books: December Neutron of principal binstenses in SC. Taxi / Limonaine Company  Location of registered office of the corporation in the state of SC is in the city of Charleston Registered agent at such address is David, N. No.L.  Location of principal office in SC (brette, city, z) and county): 256 Meeting Street. List P1. Char. SC 25401 Char. Registered agent at such address is David, N. No.L.  Date business commenced in SC. August 2012  Effective Date of Incorporation; August 2012  If a professional corporation, are all shareholders, one-half of the circora (or individuals functioning as directoral entry and treesurer) qualified to practice the professional services engaged in by the optimization. No. No. No. No. No. No. No. No. No. No	AUP NEELING STIE	AC. 200 PIAAY		209 Meeting Bts	seet. 2nd Flo	oresi, jon
State of Incorporation: Acution 2. Indicate month corporation closes its books: December Nature of principal business in SO: Taxt / Lincusine Company  Location of registered office of the corporation in the state of SC is in the city of Charleston Registered agent at such address is David, M. Nol.f.  Location of principal office in SC (street, city, pa and county): 266 Restling Street, list FI:, Char. SC 23461 Char Registered agent at such address is David, M. Nol.f.  Location of principal office in SC (street, city, pa and county): 266 Restling Street, list FI:, Char. SC 23461 Char  Date business commenced in SC: August 2012  Effective Date of Incorporation: August 2012  If a professional corporation, are all starsholders, one-half of the directors (or individuals functioning as directors) and all officers officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the opporation? M/A  The remee and business addresses of the directors (or individuals functioning as directors) and grincipal officers in the corporation are:  Name/Title  Business Address and Office  286 Meating Street, list Fi., Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Class  Series  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee due with this report  Interest due  AFFIDAVIT  Location of or payment and mailing.  AFFIDAVIT  Location of or payment and mailing.  AFFIDAVIT  Location of Shares  August S., 2012  Effective Date ments of SC 2461  Effective Date in the city of Charlestons (and the city of Charlestons) and principal officer of the corporation for which this return is made, declare that this return, including inparting statements and schedules, has been examined by me and is to the best of my knowledge and helief a true and price term	DITY AND STATE	ZIP	COUNTY	CITY AND STATE		
Nature of principal business in St. Taxi / Limbustine Corporation closes its books: December / Nature of principal office of the corporation in the state of SC is in the city of Charleston Registered affice of the corporation in the state of SC is in the city of Charleston Registered agent at such address is 12xxx4 H. No.1.  Location of principal office in SC (street, city, 2p and county): 296 Meeting Street, 1st FI: Char. SC 294c1 Char. Date business commenced in SC August 2012 Effective Date of Incorporation: August 2012 if a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the optication? M/A  The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name Title  Business Address and Office 286 Meeting Streat, 1st F1., Charleston, SC 294c1.  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Class  Class  Series  Fee due with this report Interest due  Total - Due  Interest due  AFFIDAVIT  AFFIDA	Charleston, SC	29401	Charleston	Charleston od	,	
Location of registered office of the corporation in the state of SC is in the city of Charleston Registered agent at such address (s. David, M. Rolf Location of principal office in SC (street, city, 2p and county): 226 Meeting Street, lat FI:, char. SC 29401 Char Date bisiness commenced in SC: August 2012 Effective Date of incorporation: August 2013 If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (their then the secretary and treesurer) qualified to practice the professional services engaged in by the opporation are:  The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  Business Address and Office 236 Meeting Street, lat F1:, Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Class  Series  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Series  Series  Fee dus with this report.  Interest due  AFFIDAVIT  Limiting and incorporator or principal officer of the corporation for which this return is made, declare that this return, including entered that it is return, including experts and series and solecules, has been examined by one and is to the best of my knowledge and belief a true and price term made in good failt.  This return preparate by  Scharure or incorporator or or principal officer of the corporation for which this return is made, declare that this return, including interest return and by now and is to the best of my knowledge and belief a true and price term made in good failt.  This return preparate by  Scharure or incorporator	State of Incorporatio					
Lossion of principal office in SC (street, oily, 2p and county): 296 Meeting Street, liet P1. Char. 8C 39403 Cher.  Date business cummenced in SC: August 2012 Effective Date of Incorporation: August 2012 officers (other than the secretary and treasurer) qualified to practice the professional corporation; are all characteristics, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the observations are:  The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  Businese Address and Office  David Wolf - Incorporator  286 Meeting Street, Lat F1. Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee dies with this report.  Interest due  Penalty due  Total - Due  AFFIDAVIT  a undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, inducting impanying statements and schedules, has been examined by me and is to the beginning in the province of faith:  Wild W. Wolf Reg. Molf Reg. Molf Reg. Molf Reg. Molf Reg. Molf Reg.  ANALYTE OF INCORPORATOR OR OFFICER ASTROBUZED TO SIGN.	Nature of principal bi	usiness in SC: Taxi	/ Limousine Co	omany		Decelingi
Lossion of principal office in SC (street, oily, 2p and county): 296 Meeting Street, liet P1. Char. 8C 39403 Cher.  Date business cummenced in SC: August 2012 Effective Date of Incorporation: August 2012 officers (other than the secretary and treasurer) qualified to practice the professional corporation; are all characteristics, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the observations are:  The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  Businese Address and Office  David Wolf - Incorporator  286 Meeting Street, Lat F1. Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee dies with this report.  Interest due  Penalty due  Total - Due  AFFIDAVIT  a undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, inducting impanying statements and schedules, has been examined by me and is to the beginning in the province of faith:  Wild W. Wolf Reg. Molf Reg. Molf Reg. Molf Reg. Molf Reg. Molf Reg.  ANALYTE OF INCORPORATOR OR OFFICER ASTROBUZED TO SIGN.	Location of registere	d office of the corpore	tion in the state of 8	C is in the city of Char	leston	· · · · · · · · · · · · · · · · · · ·
If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other (than the secretary and treasurer) qualified to practice the professional services engaged in by the optionation? If A.  The termee and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  Business Address and Office  286 Meeting Streat, lat F1., Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as blows:  Number of Shares  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class see to follows:  Number of Shares  Class  Fee dius with this report  Interest due  Penalty due  AFFIDAVIT  Penalty due  AFFIDAVIT  Penalty due  AFFIDAVIT  Penalty as tetements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  THIS RETURN PREPARED BY  ANGLE A. MOLE A.						
If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other (than the secretary and treasurer) qualified to practice the professional services engaged in by the optionation? If A.  The termee and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  Business Address and Office  286 Meeting Streat, lat F1., Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as blows:  Number of Shares  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class see to follows:  Number of Shares  Class  Fee dius with this report  Interest due  Penalty due  AFFIDAVIT  Penalty due  AFFIDAVIT  Penalty due  AFFIDAVIT  Penalty as tetements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  THIS RETURN PREPARED BY  ANGLE A. MOLE A.	Location of principal	office in SC (street, c	ity, zip and county):	286 Meeting Street.	list Fl' Char	BC 20403 :05-
if a professional corporation, are all ehareholders, one-half of the directore (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the odrporation? W/A.  The terme and business addresses of the directors (or individuals functioning as directors) and grincipal officers in the corporation are:  Name/Title  Business Address and Office  David Wolf - Incorporator  Business Address and Office  286 Meating Streat, Lat F1., Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  Class  Class  Class  Class  Series  Fee dius with this report.  Interest due.  Penalty due  Total - Due  undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return inducting plate return made in good faith:  AMERICAN MOLF. Mag. Molf.	. Date business comm	enced in SC; August	E 2012	Effective Date of	ncorporation	lugust 2012
Opporation? W/A  The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  David Wolf - Incorporator  Set	<ul> <li>If a professional comp</li> </ul>	oration, are all shareh	olders one helf of t	he directors for broblidge		Mary Mary Mary 1 1 10
The name and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:  Name/Title  David Wolf - Incorporator  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000  The total number of issued and outstanding chares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Class  Gase  Series  Fee dius with this report.  Interest due.  Penalty due.  Total - Due  Instructions for payment and mailing.  AFFIDAVIT  audio Total - Due  Instructions for payment and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith  THIS RETURN PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER ALSPHORIZED TO SIGN  ANGEL S. 2012  INCORPORATOR OR OFFICER ALSPHORIZED TO SIGN  ANGEL S. 2012  INCORPORATOR OR OFFICER ALSPHORIZED TO SIGN  INCORPORATOR OR OFFICER ALSPHORIZED TO SIGN  ANGEL S. 2012  INCORPORATOR OR OFFICER ALSPHORIZED TO SIGN  ANGEL S. 2012	Attached free and family	ALD GOLD ONGINA SINCE RE	easurer) qualified to	practice the professio	nal services end	mond in hy the
Name/Title  David Wolf - Incorporator  286 Meeting Street, lat Fl., Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000  The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee die with this report  Interest due  Penalty due  Interest due						
Name/Title  David Wolf - Incorporator  286 Meeting Street, lat Fl., Charleston, SC 29401  The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000  The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee die with this report  Interest due  Penalty due  Interest due	. The names and busi	ness addresses of the	directors (or indivi-	duals functioning as dire	otors) and princin	al officers in the
The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000 The total number of Issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Class  Series  Fee dius with this report  Interest due  Penalty due  Total - Due  Instructions for payment and mailing.  AFFIDAVIT  Industriagned incorporator or principal officer of the corporation for which this return is made, declare that this return, including incorporation and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith.  THE RETURN PREFARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  ANGUST 5, 2012  INCOMPORATOR  ANGUST 5, 2012  INCOMPORATOR  INCORPORATOR OR OFFICER AUTHORIZED TO SIGN	corporation are:		•		arata) atta, kittiaih	ten citicone III filia
The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000 The total number of Issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Class  Series  Fee dius with this report  Interest due  Penalty due  Total - Due  Instructions for payment and mailing.  AFFIDAVIT  Industriagned incorporator or principal officer of the corporation for which this return is made, declare that this return, including incorporation and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith.  THE RETURN PREFARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  ANGUST 5, 2012  INCOMPORATOR  ANGUST 5, 2012  INCOMPORATOR  INCORPORATOR OR OFFICER AUTHORIZED TO SIGN	Name/Title	<b>9</b> ,	Busine	Address and Office		
The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:  Number of Shares  10,000 The total number of Issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Class  Series  Fee dius with this report  Interest due  Penaty due  Total - Due  Instructions for payment and mailing.  AFFIDAVIT  Interesting incorporator or principal efficer of the corporation for which this return is made, declare that this return, including plate return made in good faith:  Wolf is serious PREFARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  Incorporator  Incorporator	David Wolf - I	ncorpora tor	286 Mee	ting Street, 1st 1	l Charlest	OD \$C 29461
Number of Shares  10,000 The total number of Issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee dius with this report Interest due Penalty due Total - Due Instructions for payment and mailing.  AFFIDAVIT  o undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  Wild W. Wolf Mag Wolf Law Colf Law This return Prepared by  Signature of incorporator or officer authorized to sign  August 5, 2012  Incorporator	<del></del>					•
The total number of Issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee dius with this report  Interest due  Penalty due  Total - Due  Instructions for payment and mailing.  AFFIDAVIT  Foundersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  This return PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  Incorporator	. The total number of	authorized shares	nt annier de la ve			
The total number of Issued and outstanding chares of capital stock itemized by class and series, if any, within each class is as follows:  Number of Shares  Class  Series  Fee due with this report.  Interest due.  Penetly due.  Total - Due.  Instructions for payment and mailing.  AFFIDAVIT  Foundersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith.  This return PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER ALTHORIZED TO SIGN  August: 8, 2012  Incorporator	. The total number of as follows:	authorized shares	of capital stock iten	nized by class and serie	s, if any, within e	
Number of Shates  Class  Fee due with this report Interest due Penalty due Penalty due Total - Due  Instructions for payment and mailing,  AFFIDAVIT  Fundersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN			•	nized by class and serie		each class
Number of Shates  Class  Fee due with this report Interest due Penalty due Penalty due Total - Due  Instructions for payment and mailing,  AFFIDAVIT  Fundersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  This return Prepared BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN	Number of Shere	<b>8</b> 5	Class		Series	each class
Fee due with this report.  Interest due.  Penetly due.  Total - Due.  Instructions for payment and mailing.  AFFIDAVIT  Foundersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including imparitying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  Wild W. Wolf Mag. — Wolf & Wolf, Luc.  THIS RETURN PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 5, 2012  Incorporator	Number of Shere 10,000 The total number of	es Issued and outstand	Class		Series	each class
Fee dies with this report.  Interest due.  Penalty due.  Total - Due.  Instructions for payment and mailing.  AFFIDAVIT  Impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  Wolf Request 8, 2012  THIS RETURN PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  Incorporator  Incorporator	Number of Shere 10,000 The total number of each class is as follows:	es Issued and outstand	Class		Series	each class
Penalty due  Total - Due  instructions for payment and mailing.  AFFIDAVIT  undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including plate return made in good faith:  wid W. Wolf, Hag. — Wolf, A. Wolf, Linc.  THIS RETURN PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  DATE  This corporator	Number of Shere 10,000 The total number of each class is as follo	es Issued and outstand	Class ing shares of capit		Series	each class s any, within
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AFFIDAVIT  P undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including impanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and plate return made in good faith:  Widd W. Wolf, Mag. — Wolf, Molf, LLC  THIS RETURN PREPARED BY  SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN  August 8, 2012  Incorporator	Number of Shere 10,000 The total number of each class is as folio Number of Share	es Issued and outstand ows: as	Class Ing chares of capits Class	al stock Hemized by clas	Series and series, if a Series	each class s any, within
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Form: SS-4

Number of this notice: CP 575 A

CHARLESTON BLACK CAB COMPANY X SAM MUSTAFA 209 MEETING ST CHARLESTON SC 29401

For assistance you may call us at: 1-800-829-4933

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IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

### LED YOU AN EMPLOYER IDENTIFICATION NUMBER

ing for an Employer Identification Number (EIN). We assigned so EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information account, or even cause you to be assigned more than one EIN. If the information account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 Form 1120 Form 940

10/31/2013 03/15/2014 01/31/2014

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

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